



## DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT

THOMAS M. MENINO, MAYOR  
EVELYN FRIEDMAN, CHIEF AND DIRECTOR



### *AUTHORIZATION TO RELEASE INFORMATION*

I (We) hereby authorize the following organizations and/or their agents to access any information regarding my personal information, my personal financial affairs, including but not limited to bankruptcy and mortgage matters, court proceedings, credit reports and any other issue regarding my financial history. Further, I give permission to have the above information shared with other organizations that may be able to work on my behalf in resolving these and any other issues related to the above matters.

- ☐ City of Boston/Department of Neighborhood Development
- ☐ Lender \_\_\_\_\_
- ☐ Community Organization \_\_\_\_\_

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Last 4 digits of SS#

I agree and certify that I have given permission for the above:

Address: \_\_\_\_\_

Sincerely,